

Approved by:

Date:

## DRIVER EDUCATION PROVIDER CERTIFICATE CHANGE OF NAME AND/OR CHANGE OF ADDRESS

### INDICATE THE CHANGE YOU WISH TO MAKE:

- ☐ Change provider NAME (Complete Items 1, 2, and 4)
- ☐ Change provider ADDRESS and/or TELEPHONE NUMBER (Complete Items 1, 3, and 4)
- ☐ Change provider NAME and ADDRESS / TELEPHONE NUMBER (Complete all items)

### 1. CURRENT PROVIDER INFORMATION

Provider Name (exactly as it appears on wall certificate)		Certificate Number
Street Address		City, State, Zip
Office Phone (   )	Office Fax (   )	E-mail Address

### 2. NEW PROVIDER NAME

Submit copies of business documents (i.e., assumed name filing, partnership agreement, Articles of Incorporation, or Articles of Organization). A bond rider must also be submitted indicating the new name.

Provider Name (exactly as it appears on business documents)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Sole Owner<br>(one person or husband/wife) | <input type="checkbox"/> Partnership<br>(two or more persons or husband/wife) | <input type="checkbox"/> Corporation<br><input type="checkbox"/> LLC | <input type="checkbox"/> Educational Institution<br><input type="checkbox"/> Governmental Agency |
|---|---|--|--|

### 3. NEW PROVIDER ADDRESS and/or TELEPHONE NUMBER

If new address, a bond rider must be submitted indicating the new business address.

Street Address		County	City, State, Zip
Office Phone (   )	Office Fax (   )	E-mail Address	
Is this location a residential address? <input type="checkbox"/> Yes <input type="checkbox"/> No	A business office may be in a residence. All student records must be stored at the provider's business office. Residential business offices must meet zoning and municipal requirements.		
Is there a classroom at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	If there is a classroom at this location, complete and submit a Classroom Approval / Fire Marshal Verification form (DES-024). Classrooms may not be located in a residence or a structure attached or adjacent to the residence.		

### 4. SIGNATURES AND CERTIFICATIONS

An owner, partner, officer, director, designated representative / coordinator must sign below.

**Educational Institutions:** Superintendent or administrator must sign.

**Governmental Agencies:** Authorized official must sign.

Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.

- I hereby certify that the business named in this application maintains, and will maintain, records as required by law.
- I hereby affirm that the established office location meets all applicable zoning and municipality requirements.
- I, as the representative of this provider, hereby certify that the statements contained in this application are true to the best of my knowledge and belief.

Printed Name

Signature

Title

Date

Mail form and supporting documentation (copy of business documents, bond rider, and classroom approval / fire marshal form, if applicable) to:

Michigan Department of State  
Licensing Unit  
Lansing, MI 48918



STATE OF MICHIGAN  
TERRI LYNN LAND, SECRETARY OF STATE  
DEPARTMENT OF STATE  
LANSING

Dear Driver Education Provider:

You recently requested a form to file a change of name or address for your program, or we have determined that such a change has occurred. You must submit the following as applicable to your situation:

1. *Driver Education Provider Certificate Change of Name and/or Change of Address* form (DES-027): Please complete all items necessary for the type of change you are reporting.
2. Rider for *Driver Education Provider Surety Bond*: A bond rider must be submitted indicating the new name and/or address. Contact your bond company to obtain the rider.
3. Business documents: A new assumed name or d/b/a filing, partnership agreement, Articles of Incorporation, or Articles of Organization, evidencing the change of name, must be submitted. Note: A change of business entity (for example, partnership to corporation) requires an *Original Application for Driver Education Provider Certificate* (DES-014) to be submitted.
4. *Classroom Approval / Fire Marshal Verification* form (DES-024): If you are changing the business address and there is a classroom at the new address, complete this form and obtain the appropriate signature(s). Classrooms may not be located in a residence or a structure attached or adjacent to the residence.

Carefully complete the application and return it with the bond rider, copies of business documents, and the classroom approval / fire marshal verification form (if applicable). **The business name and business address must match exactly on all documents.**

Please remember that all driver education-related forms are available on the Department of State's Web site. Go to **[www.Michigan.gov/sos](http://www.Michigan.gov/sos)**. Click (on the left) on "Driver License and State ID," then on "Driver Education" or "Publications and Forms."

RETURN TO: Michigan Department of State  
Licensing Unit  
Lansing, MI 48918

Enclosures

8/2007